

LEGAL DESCRIPTION:

Lot 11, Except the West 8.5 Feet Thereof in Georgia Heights Manor, as shown in Plat Book 34, page 15, in Lake County, Indiana.



First American Title Insurance Company

PROPERTY ADDRESS:

954 E. 52nd Avenue  
Gary, IN 46409

ESTATE AFFIDAVIT

Cynthia Thys, Affiant, states that:

1. Richard C Thys Jr, deceased, died on the 20 day of August, 19 94

2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; X leaving no will.

4. The deceased and Affiant were married on the 1 day of June, 19 85; and were never divorced. (This item applies only to the surviving spouse.)

5. X All expenses of the last illness and funeral of the deceased have been paid;

6. X All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. X There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

9-5-96  
Date

Cynthia Thys  
Signature of Affiant

Cynthia Thys  
Printed Name of Affiant

Illinois  
State of Indiana, County of Lake

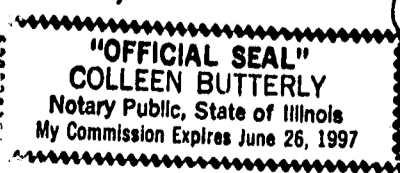
Subscribed and sworn to before me, this 5th day of Sept, 1996

Colleen Butterly  
Printed Name of Notary

Colleen Butterly  
Signature of Notary

My Commission expires: 6-26-97

My County of Residence is: COOK, IL.



000678

THIS INSTRUMENT WAS PREPARED BY: Cynthia Thys

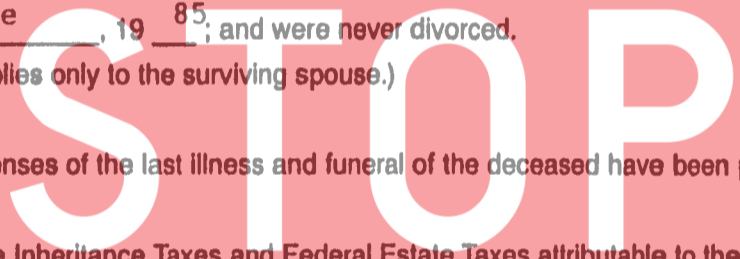
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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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SEP 12 1996  
SANTORLICH  
AUDITOR  
LAKE COUNTY



HOLD FOR FIRST AMERICAN TITLE

REGISTRATION DISTRICT NO. **1011**  
 REGISTERED NUMBER

FA 18391

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH**

615510

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR

1. **Richard C Thys Jr** 2 MALE 3 August 20, 1994

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER YEAR UNDER DAY DATE OF BIRTH MONTH DAY YEAR

2. **Cook** 5a. 49 5b. 5c. 5d. DECEMBER 31, 1944

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN OTHER, GIVE STREET AND NUMBER

6a. **Chicago** 6b. **Resurrection Hospital** 6c. **D.O.A.**

BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIED, WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **NORFOLK, VA** 8a. **MARRIED** 8b. **CYNTHIA NEE LESTER** 9. **YES**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SCHOOL GRADUATED) (SCHOOL ATTENDED)

10. **341-36-6291** 11a. **CLERK** 11b. **FLEET SERVICE** 11c. **AMERICAN** 11d. **3 12 LINES** 12. **10**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. RESIDENCE CITY RESIDENCE COUNTY

13a. **4241 N. NEWCASTLE** 13b. **HARWOOD HEIGHTS** 13c. **YES** 13d. **COOK**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) (SPECIFY) OF HEART DISEASE (YES/NO) OF CORONARY ARTERY DISEASE (YES/NO) OF CIRCULATORY SYSTEM DISEASE (YES/NO)

13a. **ILLINOIS** 13b. **50634** 14a. **WHITE** 14b. **NO** 14c. **YES** 14d. **YES** 14e. **YES**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. **RICHARD THYS** 16. **ELIZABETH LEONARD**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)

17a. **CYNTHIA THYS** 17b. **WIFE** 17c. **4241 N. NEWCASTLE-HARWOOD HEIGHTS, ILL. 60634**

18. PART I Enter the causes, injuries, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause or each site.

18. **HYPERTENSIVE CARDIOVASCULAR DISEASE**  
 DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY MONTH DAY YEAR HOUR HOW INJURY OCCURRED (GIVEN NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)

19a. **Natural** 20a. **20b. M. 20c. 20d.**

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) IF FEMALE WAS THERE A PREGNANT EMPLOYEE THREE MONTHS

20a. 20b. 20c. 20d. YES/NO

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT..... THE DECEDENT WAS PRONOUNCED DEAD ON AT

21a. **August 20, 1994** 21b. **6:25 P. M.**

CORONER'S PHYSICIAN'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

22a. **Thamrong Chiam, M.D.** 22b. **August 21, 1994**

SURVIVAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE MONTH DAY YEAR

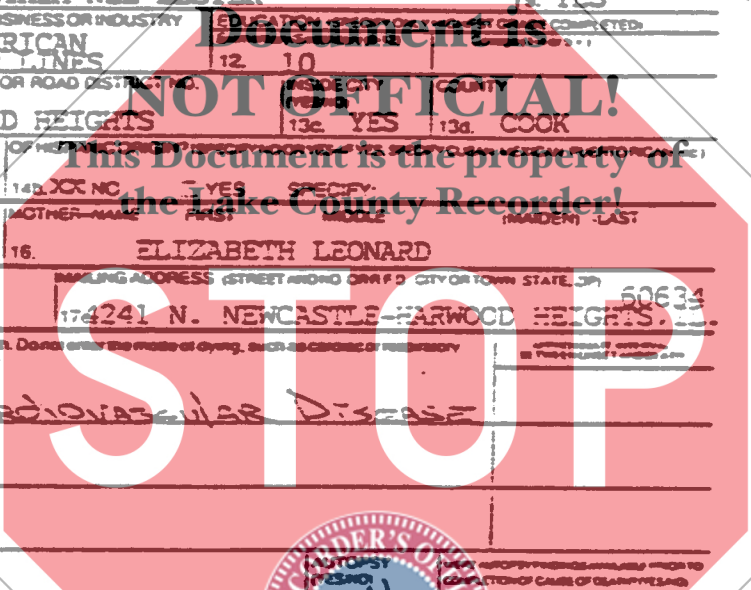
24a. **BURIAL** 24b. **IRVING PARK CEMETERY** 24c. **CHICAGO, ILLINOIS** 24d. **AUG. 24, 1994**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **COLONIAL-WOJCIECHOWSKI FUNERAL HOME-6250 N. MILWAUKEE-CHICAGO, ILLINOIS 60646**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ALPHABETIC NUMBER DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **[Signature]** 26b. **034-12366** 26c. **AUG 22 1994**



STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

AUG 25 1994

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

*[Handwritten signature]*

DEPARTMENT OF HEALTH - CITY OF CHICAGO